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	DATENT ADDITION TO THE TOTAL T								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								० १८५१७८८						
CLAIMS AS FILED - PART I SMALL FARTY														
			(Colum		-	(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14					RATE	F	EE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		5.00	1,,,	BASIC FEE	 	
TOTAL CHARGEABLE CLAIMS			M minus 20=		. 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		· Ø		,	X40=			1	X80=	-	
MULTIPLE DEPENDENT CLAIM P			RESENT					7402	+		OR		 	
•	the difference	e in column 1 is	less than zero, enter		"O" in	n column 2		+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	- <u>L</u>		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENT	ITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	• 14	Minus	2	٥	= /		X\$ 9=			OR	X\$18=		
¥	Independent	· 3	Minus	3	_	<u> =/ </u>		X40=			OR	X80=	:	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	. 105	1			.070		
								+135=			OR	+270=		
	10 (a (a)							DDIT. FE			OR	ADDIT. FEE		
<u> </u>	-(09) (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT B	Y	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	• /		= /	ſ	X\$ 9=			OR	X\$18≃		
	Independent	· 3	Minus	<u> </u>		<u> -/</u>	Γ	X40=			OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		t	105	1					
on Eta ut							L	+135=	_		OR	+270=		
0-1								TOTAL DDIT. FEE			OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
2		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***		=	H	X40=		一	ŀ	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	A40=	├—		OR	X00=		
+135= OR											+270=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											OR	TOTAL DDIT, FEE		
7	ine Highest Nur he Highest Num	nber Previously Pa ber Previously Paid	id For (N THI) I For (Total or	S SPACE is Independer	less thar it) is the	n 3, enter "3." highest number				te box				